

<b>CITY OF ANNAPOLIS</b> <b>RECORDS RETENTION AND DISPOSAL SCHEDULE</b>		Schedule No. <b>M-106</b>
	<b>OFFICE OF FINANCE</b>	Division: <b>MANAGEMENT INFORMATION TECHNOLOGY</b>
<b>Item No.</b>	<b>Description</b>	<b>Retention</b>
1.	<b>General Correspondence</b>  Original incoming letters, copies of outgoing letters, memoranda, studies, reports, directives, policies, and other materials related to the administration of the agency.	Screen annually and destroy the material that is no longer needed for current business. Retain permanently any material that serves to document the origin, development, and accomplishments of the office. Transfer periodically to the Maryland State Archives.
2.	<b>Contract and Agreement Records</b>  Contract and Agreements related to City electronic data processing equipment and software.	Retain for five years, then destroy.
3.	<b>Disaster Recovery Procedures</b>  Disaster recovery plans and procedures for computer- related operations.	Retain until superceded, then destroy.
4.	<b>Operations Logs</b>  Backup logs, operation logs and notes, downtime records.	Retain for three years, then destroy.

*M. Kathleen Sulick, CPA*  
 Department Director

*2/28/00*  
 Date

*P. Bembel*  
 City Clerk

*3/10/00*  
 Date

*Edward C. Saperstein*  
 Schedule Approved by State Archivist

APR 27 2000  
 Date

CITY OF ANNAPOLIS RECORDS RETENTION AND DISPOSAL SCHEDULE		Schedule No. <b>m-106</b>
	<b>OFFICE OF FINANCE</b>	Division: <b>MANAGEMENT INFORMATION TECHNOLOGY</b>
Item No.	Description	Retention
5.	<b>Operations Manuals</b>  Directions and reference manuals used by computer operations staff.	Retain until superceded, then destroy.
6.	<b>Software Investigation Requests</b>  Software change requests.	Retain for three years, then destroy.
7.	<b>Hardware/Software Problem Report</b>  Work orders; logs and description of PC and Mainframe computer hardware and software problems.	Retain for three years, then destroy.
8.	<b>Electronic Databases</b>  Computer Databases files.	Delete or destroy entire file or individual records when no longer administratively useful.
9.	<b>Security Backup &amp; Recovery</b>  Backup tapes of data files, program and control files.	Retain off-site until replaced or superceded, then destroy.
10.	<b>Computer Program and Control Files</b>  Computer application program listing and electronic copy (source and object) and control procedures and operating system files.	Retain until all electronic records created using the programs have been destroyed or converted to another program or format, then delete or destroy.
11.	<b>Inventory Records</b>  Hardware and software, manuals, and licensed software for all departments.	Retain until superceded, then destroy.

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b> PAGE _____ OF _____	
1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Contract & Agreement Agreements				5. Earliest Year/Latest Year 1984 to Present	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Contract & Agreements related to City EDP equipment & software					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____		9. Volume Number <input checked="" type="checkbox"/> File Drawer(s) 10 <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify)	
				10. Annual Accumulation Number <input checked="" type="checkbox"/> File Drawer(s) Very small <input type="checkbox"/> Microfilm Reel(s) <input type="checkbox"/> Computer Tape(s) <input type="checkbox"/> Other (Specify)	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Seldom			12. File Becomes Inactive After _____ 2 <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room) MIT			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes    FINANCE		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention VSL & A GS-14		
19. Name and Title of Preparer PAUL M. THORN, MIT MSG					
20. Telephone Number 263-7945				21. Date 9-6-96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE _____ OF _____	
1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <u>Correspondence</u>				5. Earliest Year/Latest Year <u>1984</u> to <u>Present</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>Memorandums to/from various depts &amp; employees.</u> <u>Letters to/from various vendors</u> <u>Electronic mail</u>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input checked="" type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>Y5</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>Y10</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  <u>?</u> <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room)  <u>MIT</u>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  <u>Retain as long as administratively required, then destroy</u>		
19. Name and Title of Preparer <u>Paul M. Thorn</u>					
20. Telephone Number <u>263-7945</u>				21. Date <u>9-6-96</u>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
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1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <u>Disaster Recovery Procedures</u>				5. Earliest Year/Latest Year <u>1993</u> to <u>present</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  <u>Disaster Recovery Plans &amp; Procedures for computer related operations</u>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>10</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <u>10</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <u>Quarterly</u>			12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room)  <u>MIT</u>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <u>FINANCE</u>		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  <u>Retain until superseded, then destroy</u>		
19. Name and Title of Preparer <u>PAUL M. THRU</u>					
20. Telephone Number <u>263-7945</u>				21. Date <u>9-6-91</u>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
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1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Requests For Proposals</i>				5. Earliest Year/Latest Year <i>1983</i> to <i>Present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <i>Requests for Proposals for SOFTWARE &amp; HARDWARE.</i>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input checked="" type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  <u>Number</u>  <input checked="" type="checkbox"/> File Drawer(s) <i>12</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  <u>Number</u>  <input type="checkbox"/> File Drawer(s) <i>0</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <i>seldom</i>			12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room)  <i>MIT</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>FINANCE</i>		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>Retain 3 years, SCAN PAPER,          destroy PAPER</i>		
19. Name and Title of Preparer <i>PAUL M. THORAU</i>					
20. Telephone Number <i>263-7945</i>				21. Date <i>9-6-96</i>	

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				PAGE _____ OF _____	
1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title  Operations logs				5. Earliest Year/Latest Year  1993 to Present	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Backup logs, operation logs & notes, Downtime RECORDS					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input checked="" type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____		9. Volume  <div style="text-align: right;">1/2 <u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  <div style="text-align: right;">Number</div> <input checked="" type="checkbox"/> File Drawer(s) 1/2 _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room)  MIT			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  Retain for 3 years & then DESTROY		
19. Name and Title of Preparer  PAUL M. THORN					
20. Telephone Number  263-7945				21. Date  9-6-96	

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				PAGE _____ OF _____	
1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Operations manuals</i>				5. Earliest Year/Latest Year <i>1993</i> to <i>present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  <i>Directions &amp; reference manuals used by computer operations staff</i>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) <i>1/2</i> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  <div style="text-align: right;"><u>Number</u></div> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input type="checkbox"/> Daily <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room)  <i>MIT</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <i>Retain until superseded, then destroy</i>		
19. Name and Title of Preparer <i>PAUL M. TITORN</i>					
20. Telephone Number <i>263-7945</i>				21. Date <i>9-6-95</i>	



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<b>1. Department</b>  Finance		<b>2. Division</b>  Management Information Technology		<b>3. Unit</b>  	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
<b>4. Record Series Title</b> Software Investigation Requests				<b>5. Earliest Year/Latest Year</b> 1983 to Present	
<b>6. Record Series Description</b> (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) Software change Requests					
<b>7. Record Series Format(s)</b> <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		<b>8. Record Series Sequence</b> <input type="checkbox"/> Alphabetical <input checked="" type="checkbox"/> Numerical <input type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		<b>9. Volume</b>  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) 1 <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				<b>10. Annual Accumulation</b>  <div style="text-align: right;"><u>Number</u></div> <input checked="" type="checkbox"/> File Drawer(s) 1 <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
<b>11. File is Used</b> <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			<b>12. File Becomes Inactive After</b> _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
<b>13. Current Location(s) (Bldg. Floor. Room)</b>  MIT			<b>14. Is Record Series Duplicated Elsewhere?</b> (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>15. Access Restrictions</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			<b>16. Audit Requirements</b> <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
<b>17. Is an index system used?</b> (If yes explain briefly and describe any hardware/software.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No S.I.R. #			<b>18. Recommended Retention</b> Retain as long as administratively required then destroy 3 years		
<b>19. Name and Title of Preparer</b> PAUL M. THORN					
<b>20. Telephone Number</b> 263-7945				<b>21. Date</b> 9-6-96	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE _____ OF _____	
1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <i>Reference files</i>				5. Earliest Year/Latest Year <i>1983 to Present</i>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  <i>VARIOUS &amp; MISC. Reference materials</i> <i>PROGRAM &amp; operating system manuals</i>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input checked="" type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input checked="" type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input checked="" type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input checked="" type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical  <input type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  <u>Number</u>  <input checked="" type="checkbox"/> File Drawer(s) <u>2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  <u>Number</u>  <input checked="" type="checkbox"/> File Drawer(s) <u>2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room)  <i>M J T</i>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention - <i>Replace material as needed.</i> <i>Review annually to ID &amp;</i> <i>destroy material no longer ADMA reg.</i>		
19. Name and Title of Preparer <i>PAUL M. THORN</i>					
20. Telephone Number <i>263- 7945</i>				21. Date <i>9-6-96</i>	

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1. Department <p style="text-align: center;">Finance</p>		2. Division <p style="text-align: center;">Management Information Technology</p>		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <p style="text-align: center;">STAFF meeting files</p>				5. Earliest Year/Latest Year <p style="text-align: center;">1983 to Present</p>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <p style="text-align: center;">Records &amp; notes of staff meetings</p>					
7. Record Series Format(s) <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume <p style="text-align: right;">Number</p> <input checked="" type="checkbox"/> File Drawer(s) <u>Y10</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation <p style="text-align: right;">Number</p> <input checked="" type="checkbox"/> File Drawer(s) <u>Y12</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly			12. File Becomes Inactive After _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room) <p style="text-align: center;">M I T</p>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention <p style="text-align: center;">Retain as long as Admin. Required, then destroy</p>		
19. Name and Title of Preparer <p style="text-align: center;">PAUL M. TITOREN</p>					
20. Telephone Number <p style="text-align: center;">263-7945</p>				21. Date <p style="text-align: center;">9-6-96</p>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE _____ OF _____	
1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <u>HARDWARE/SOFTWARE PROBLEM REPORT</u>				5. Earliest Year/Latest Year <u>1993</u> to <u>Present</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>WORK ORDERS, LOGS, OF PC &amp; MAINFRAME COMPUTER</u> <u>HARDWARE &amp; SOFTWARE PROBLEMS</u>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical  <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  <u>1/2</u> Number  <input checked="" type="checkbox"/> File Drawer(s) <u>1/2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
				10. Annual Accumulation  Number <input checked="" type="checkbox"/> File Drawer(s) <u>1/2</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  _____ Number <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg. Floor. Room)  <u>MIT</u>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			18. Recommended Retention  <u>Retain 3 years, then destroy</u>		
19. Name and Title of Preparer <u>PAUL M. THORN</u>					
20. Telephone Number <u>263-7945</u>				21. Date <u>9-6-96</u>	

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE _____ OF _____	
1. Department  Finance		2. Division  Management Information Technology		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title Electronic Databases				5. Earliest Year/Latest Year 1993 to Present	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) computer DATA BASE files					
7. Record Series Format(s)  <input type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input checked="" type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input checked="" type="checkbox"/> Alphabetical  <input checked="" type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input checked="" type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  Number  <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input checked="" type="checkbox"/> Computer Tape(s) 1 <input checked="" type="checkbox"/> Other (Specify) 4 GB	
				10. Annual Accumulation  Number  <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input checked="" type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) 1/2 GB	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor. Room)  MIT			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input checked="" type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No system & Application dependent			18. Recommended Retention Delete or destroy entire file or individual records when no longer Admin. useful		
19. Name and Title of Preparer PAUL M. THOMAS					
20. Telephone Number 203-7945				21. Date 9-6-96	

INSTRUCTIONS - Prepare a separate form for each new or revised record series.		CITY OF ANNAPOLIS Records Management Program	RECORDS INVENTORY	
			PAGE _____	OF _____
1. Department  Finance	2. Division  Management Information Technology	3. Unit		
DEFINITION - RECORD SERIES - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.				
4. Record Series Title  Security Backup & Recovery		5. Earliest Year/Latest Year  _____ to _____		
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.)  Backup tapes of DATA files, PROGRAM & CONTROL files				
7. Record Series Format(s)  <input type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input checked="" type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input type="checkbox"/> Alphabetical <input type="checkbox"/> Numerical <input checked="" type="checkbox"/> Chronological <input type="checkbox"/> Geographical <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		
		9. Volume  <div>Number</div> <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____		
		10. Annual Accumulation  <div>Number</div> <input checked="" type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input type="checkbox"/> Other (Specify) _____		
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		12. File Becomes Inactive After  _____/_____/_____ Number <input type="checkbox"/> Month(s) <input checked="" type="checkbox"/> Year(s)		
13. Current Location(s) (Bldg. Floor. Room)  P & Z		14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)		16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  tape ID		18. Recommended Retention  Retain off site until replaced or superseded, then destroy		
19. Name and Title of Preparer  PAUL M. TIBBEN				
20. Telephone Number  263-7945		21. Date  9-6-96		

<b>Instructions</b> - Prepare a separate form for each new or revised record series.		<b>CITY OF ANNAPOLIS</b> Records Management Program		<b>RECORDS INVENTORY</b>	
				PAGE _____ OF _____	
1. Department  <div style="text-align: center;">Finance</div>		2. Division  <div style="text-align: center;">Management Information Technology</div>		3. Unit	
<b>DEFINITION - RECORD SERIES</b> - A group of related records normally filed and used as a unit for reference as well as retention and disposition purposes.					
4. Record Series Title <u>PR COMPUTER PROGRAM &amp; CONTROL files</u>				5. Earliest Year/Latest Year <u>1993</u> to <u>present</u>	
6. Record Series Description (Briefly describe the types of information/documents/forms found in the series. Include the purpose or function of the series.) <u>APPLICATION LISTING &amp; ELECTRONIC COPY</u> <u>COMPUTER PROGRAM (SOURCE &amp; OBJECT) &amp; CONTROL PROCEDURES &amp; OPERATING SYSTEM files</u>					
7. Record Series Format(s)  <input checked="" type="checkbox"/> Letter Size <input type="checkbox"/> Micro Film <input type="checkbox"/> Legal Size <input checked="" type="checkbox"/> Computer Tape <input type="checkbox"/> Bound Book <input checked="" type="checkbox"/> Floppy Disk <input type="checkbox"/> Audio Tape <input type="checkbox"/> Video Tape <input type="checkbox"/> Other (Specify) _____ _____ _____ _____ _____ _____		8. Record Series Sequence  <input checked="" type="checkbox"/> Alphabetical  <input checked="" type="checkbox"/> Numerical  <input checked="" type="checkbox"/> Chronological  <input type="checkbox"/> Geographical  <input type="checkbox"/> Other (Specify) _____ _____ _____ _____		9. Volume  <div style="text-align: right;">Number</div> <input checked="" type="checkbox"/> File Drawer(s) <u>3</u> <input type="checkbox"/> Microfilm Reel(s) _____ <input checked="" type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <u>148</u>	
				10. Annual Accumulation  <div style="text-align: right;">Number</div> <input type="checkbox"/> File Drawer(s) _____ <input type="checkbox"/> Microfilm Reel(s) _____ <input type="checkbox"/> Computer Tape(s) _____ <input checked="" type="checkbox"/> Other (Specify) <u>148</u> <div style="text-align: center;">0</div>	
11. File is Used  <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly			12. File Becomes Inactive After  _____ <input type="checkbox"/> Month(s) <input type="checkbox"/> Year(s) Number		
13. Current Location(s) (Bldg. Floor, Room)  <div style="text-align: center;">MIT</div>			14. Is Record Series Duplicated Elsewhere? (If yes, specify office) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
15. Access Restrictions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If yes, cite law(s) & regulations)			16. Audit Requirements  <input checked="" type="checkbox"/> None <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/> Independent		
17. Is an index system used? (If yes explain briefly and describe any hardware/software.) <input type="checkbox"/> Yes <input type="checkbox"/> No			18. Recommended Retention <u>Retain until Records COME</u> <u>Delete or Destroy files when</u> <u>no longer Admin. useful. (OVER)</u>		
19. Name and Title of Preparer <u>PAUL M. THORN</u>					
20. Telephone Number <u>212-79115</u>				21. Date <u>6/1/01</u>	